



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2020 JAN 14 AM 11:12

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/29/2019 Ending Date: 12/31/2019

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

DAVID M. KINGIUS, JR.
Candidate Full Name (if applicable)

TOWN COUNCIL - AT LARGE
Office Sought and District

10TH WASHINGTON ST
BRAINTREE MA 02184
Residential Address

Telephone Number (optional): _____

THE COMMITTEE TO ELECT
DAVID KINGIUS JR
Committee Name

DAVID M. KINGIUS
Name of Committee Treasurer

64 WYMAN RD
BRAINTREE MA 02184
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>4903.97</u>
Line 2: Total receipts this period (page 3, line 11)	<u>—</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4903.97</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1884.80</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3019.17</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>—</u>
Line 8: Name of bank(s) used:	<u>SOUTH SHORE BANK</u>

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: David M. Kingius (Treasurer's signature) Date: 1/14/2020

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: _____

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/1/2019	EAST COAST PRINT	2 KEITH WAY UNIT 5 HINGHAM, MA	CAMPAIGN LITERATURE	451.56
10/9/2019	EAST COAST PRINT	2 KEITH WAY UNIT 5 HINGHAM, MA	CAMPAIGN LITERATURE	451.56
10/23/2019	EAST COAST PRINT	2 KEITH WAY UNIT 5 HINGHAM, MA	CAMPAIGN LITERATURE	212.50
1/3/2020	CHARLES KOKOROS	70 SOLAR AVE BRAintree, MA	DONATION	150.00
10/29/2019	POSTMASTER - BOSTON	125 PEARL ST BRAintree, MA	POSTAGE	175.00
10/30/2019	POSTMASTER - BOSTON	125 PEARL ST BRAintree, MA	POSTAGE	275.00
12/1/2019	DAVID M. RINGIOS	64 WYMAN RD BRAintree, MA	XMAS GIFT DONATION	112.89
10/30/2019	STAPLES	500 GROSSMAN DR BRAintree, MA	LABELS/ ENVELOPES	56.29
Line 12: Total Expenditures over \$50 (or listed above)				1884.80
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1884.80

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<i>NONE</i>				
Line 15: In-Kind Contributions over \$50 (or listed above)				—
Line 16: In-Kind Contributions \$50 & under (not listed above)				—
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				—

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

